

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |    |                        |                        |
|--|----|------------------------|------------------------|
| <h1 style="text-align: center;">TRANSMITTAL<br/>FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> |    | Application Number     | 10/825,367-Conf. #8100 |
|  |    | Filing Date            | April 16, 2004         |
|  |    | First Named Inventor   | Martin Svehla          |
|  |    | Art Unit               | 3731                   |
|  |    | Examiner Name          | K. Sonnett             |
| Total Number of Pages in This Submission   | 37 | Attorney Docket Number | 22409-00005-US         |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Transmittal of Appeal Brief |
| <div style="border: 1px solid black; padding: 5px; min-height: 100px;">         Remarks       </div>  |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                |          |        |
|--|--------------------------------|----------|--------|
| Firm Name                                  | CONNOLLY BOVE LODGE & HUTZ LLP |          |        |
| Signature                                  | /Michael G. Verga/             |          |        |
| Printed name                               | Michael G. Verga               |          |        |
| Date                                       | May 11, 2009                   | Reg. No. | 39,410 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: May 11, 2009

Electronic Signature for Michael G. Verga: /Michael G. Verga/

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

|   |  |                                 |                        |                     |                |
|---|--|---------------------------------|------------------------|---------------------|----------------|
| <p><i>Effective on 12/08/2004.</i><br/><i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3> |  | <p><b>Complete if Known</b></p> |                        |                     |                |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number              | 10/825,367-Conf. #8100 |                     |                |
|   |  | Filing Date                     | April 16, 2004         |                     |                |
|   |  | First Named Inventor            | Martin Svehla          |                     |                |
|   |  | Examiner Name                   | K. Sonnett             |                     |                |
|   |  | Art Unit                        | 3731                   |                     |                |
| TOTAL AMOUNT OF PAYMENT   |  | (\$)                            | 540.00                 | Attorney Docket No. | 22409-00005-US |

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☒ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account    Deposit Account Number: 22-0185    Deposit Account Name: Connolly Bove Lodge & Hutz LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 330         | 165                   | 540         | 270                   | 220              | 110                   |                |
| Design           | 220         | 110                   | 100         | 50                    | 140              | 70                    |                |
| Plant            | 220         | 110                   | 330         | 165                   | 170              | 85                    |                |
| Reissue          | 330         | 165                   | 540         | 270                   | 650              | 325                   |                |
| Provisional      | 220         | 110                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 52       | 26                    |
| Each independent claim over 3 (including Reissues) | 220      | 110                   |
| Multiple dependent claims                          | 390      | 195                   |

|   |                              |                          |                               |  |                 |                      |       |       |
|---|------------------------------|--------------------------|-------------------------------|--|-----------------|----------------------|-------|-------|
| <b>Total Claims</b><br>_____ - 20 or HP = _____ | <b>Extra Claims</b><br>_____ | <b>Fee (\$)</b><br>_____ | <b>Fee Paid (\$)</b><br>_____ | <b>Multiple Dependent Claims</b><br><table style="width: 100%;"> <tr> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> | _____ | _____ |
| <b>Fee (\$)</b>                                 | <b>Fee Paid (\$)</b>         |                          |                               |  |                 |                      |       |       |
| _____   | _____                        |                          |                               |  |                 |                      |       |       |

HP = highest number of total claims paid for, if greater than 20.

|   |                              |                          |                               |  |
|---|------------------------------|--------------------------|-------------------------------|--|
| <b>Indep. Claims</b><br>_____ - 3 or HP = _____ | <b>Extra Claims</b><br>_____ | <b>Fee (\$)</b><br>_____ | <b>Fee Paid (\$)</b><br>_____ |  |
|---|------------------------------|--------------------------|-------------------------------|--|

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |  |                 |                      |
|---------------------|---------------------|--|-----------------|----------------------|
| <b>Total Sheets</b> | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b>        | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
| _____ - 100 = _____ | _____               | _____ / 50 = _____ (round <b>up</b> to a whole number) x _____ | _____           | _____                |

**4. OTHER FEE(S)**

|   |                       |
|---|-----------------------|
| Non-English Specification, \$130 fee (no small entity discount)                         | <b>Fees Paid (\$)</b> |
| Other (e.g., late filing surcharge): <u>1402 Filing a brief in support of an appeal</u> | <u>540.00</u>         |

**SUBMITTED BY**

|                   |                    |                                   |              |           |                |
|-------------------|--------------------|-----------------------------------|--------------|-----------|----------------|
| Signature         | /Michael G. Verga/ | Registration No. (Attorney/Agent) | 39,410       | Telephone | (202) 331-7111 |
| Name (Print/Type) | Michael G. Verga   | Date                              | May 11, 2009 |           |                |

| <b>TRANSMITTAL OF APPEAL BRIEF</b>  |                               |                            | Docket No.<br>22409-00005-US |
|---|-------------------------------|----------------------------|------------------------------|
| In re Application of:    Martin Svehla et al.   |                               |                            |                              |
| Application No.<br>10/825,367-Conf. #8100   | Filing Date<br>April 16, 2004 | Examiner<br>K. Sonnett     | Group Art Unit<br>3731       |
| Invention:    MANUAL INSERTION TOOL FOR A COCHLEAR IMPLANT  |                               |                            |                              |
| <b><u>TO THE COMMISSIONER OF PATENTS:</u></b>   |                               |                            |                              |
| Transmitted herewith is the Appeal Brief in this application, with respect to the Notice of Appeal filed: <u>March 11, 2009</u> .   |                               |                            |                              |
| The fee for filing this Appeal Brief is <u>\$ 540.00</u> .  |                               |                            |                              |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity  |                               |                            |                              |
| <input type="checkbox"/> A petition for extension of time is also enclosed.   |                               |                            |                              |
| The fee for the extension of time is    _____ .   |                               |                            |                              |
| <input type="checkbox"/> A check in the amount of    _____ is enclosed.   |                               |                            |                              |
| <input type="checkbox"/> Charge the amount of the fee to Deposit Account No. <u>22-0185</u> .   |                               |                            |                              |
| <input checked="" type="checkbox"/> Payment by credit card.   |                               |                            |                              |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees that may be required or credit any overpayment to Deposit Account No. <u>22-0185</u> .<br>This sheet is submitted in duplicate. |                               |                            |                              |
| _____<br>/Michael G. Verga/<br>Michael G. Verga<br>Attorney Reg. No. :    39,410<br>CONNOLLY BOVE LODGE & HUTZ LLP<br>1875 Eye Street, NW<br>Suite 1100<br>Washington, DC 20006<br>(202) 331-7111                                   |                               | Dated: <u>May 11, 2009</u> |                              |